

## **ALLERGIC CONTACT DERMATITIS**

### **Definition:**

Very itchy rash, often with history of recent exposure to offending substance  
Common offenders include poison ivy, or poison oak, nickel, perfumes, cosmetics, topical antibiotics such as bacitracin.

### **Diagnosis and Management:**

PE - Ranges from red papules and plaques to vesicles with varying amounts of edema.  
Distribution of the lesions an important clue: linear vesicular eruption (very characteristic of poison ivy/oak or other plant allergen); eyelids (nail polish, cosmetics, transfer from hands), around the umbilicus (nickel allergy: belt or button)  
Diagnosis is based on clinical impression  
Confirmation after the eruption resolves with patch testing, if it is a recurrent problem

### **Treatment:**

Removal of offending agent is essential.

1. Mild allergic contact dermatitis can be treated with cool tap water soaks and high potency topical steroids like Lidex ointment. Apply ointment 2 times a day except on face or in skin folds. In these areas, a milder steroid like desonide 0.05% lotion can be used. Treatment may take up to two weeks.
2. Systemic treatment with prednisone is the mainstay of therapy for moderate to severe cases. DO NOT prescribe medrol dose pack, this is not long enough and a rebound/flare up will occur when it is discontinued. A 15-21 day course of prednisone for severe cases is more appropriate. Generally, a starting dose of 60mg (for an average size adult) po q am for 5-7 days, then tapered to 40mg po qam for 5-7 days, then to 20mg po qam for 5-7 days.
3. Antihistamines to control pruritus, such as Atarax 25mg po q 6-8 hours prn.
4. Aveeno Oatmeal baths can be soothing. For active weeping areas, use domeboro or cool water soaks to dry up and soothe the areas.

### **Indications for Specialty Referral:**

Recurrent contact dermatitis when the offending agent can't be identified for possible patch testing.  
Patients who are not responding to the above measures.

### **Criteria to Return to Primary Care:**

Once stable on treatment

Last Reviewed: **June 2013**

Guidelines require review every 3 years